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PERSONAL RECOLLECTIONS OF THE LATE  
DR. BENJAMIN W. DUDLEY,

OF LEXINGTON, KY.

AND OF HIS SURGICAL METHODS AND WORK.

BY

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*presented by the author*



READ BEFORE

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION,  
AT LOUISVILLE, NOVEMBER, 1892.



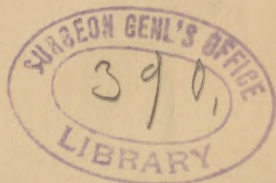
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THE surgical record of the great State of Kentucky is one that any people or nation could point to with emotions of pride and satisfaction. She gave to the world McDowell, the father of ovariectomy, and Dudley, the greatest lithotomist that this country has ever produced, and the most successful in the history of the world, and she can claim with all truth that the splendid reputation of Samuel D. Gross was nurtured on her soil, and in this her flourishing and beautiful metropolis. The history of our country is replete with the names of great and splendid men of genius, ability, and originality in our profession whose fame in past times was on the tongue of everyone in their day, but now are almost forgotten. Among those distinguished and illustrious surgeons of the past who belong to this class, the names of Physick, of Philadelphia; Dudley, of Lexington; Mott, of New York; Stone, of New Orleans; Eve, of Nashville, stand conspicuous for their skill, vast experience, and influence as operators and teachers of surgery.

These men were great leaders in our profession in their day, and controlled and directed surgical opinion throughout our land. They had not the lights of science to aid and guide them as we have in the present time, but had





largely to depend upon innate genius, practical good sense and energy for the attainment of their extraordinary success. They were strictly men of action, and in the midst of their busy, laborious lives found but little time to devote to contributions to medical literature. They were not only the most eminent and successful operators of their day, but men of profound thought and research, and the most learned and distinguished teachers in their respective schools of medicine throughout our land, from whose teachings thousands drew inspiration and knowledge. To the memory of one of these distinguished names, Dr. Benjamin W. Dudley, I desire to pay this humble tribute. It was my privilege to enter the office of Dr. Dudley as a private pupil in the year 1846, to remain until the conclusion of my medical education.

At that time there were two other office pupils—one a young gentleman from Virginia, the other Mr. Henry M. Skillman, now a distinguished physician of Lexington. My close relationship to Dr. Dudley as private pupil and assistant for two years, enables me to present to you a clear and faithful sketch of his character and surgical work. Though Dr. Dudley was at that time over sixty years of age, he was in the full possession of his faculties, mental and physical, and was in the zenith of his great reputation as a surgeon. For nearly a half-century he had had almost absolute control of the surgery of the West, not only as an operator, but his opinions on surgery held sway largely over the profession in that section. He was one of the founders of Transylvania University, and had occupied the chair of surgery throughout the existence of the institution for forty years. At the time that I entered the office of Dr. Dudley, Transylvania University was in a flourishing condition, and had an able and learned faculty. At that time the city of Lexington was regarded by universal consent as the Athens of the West, as a centre of classical, legal, and medical education, and of wealth and refinement. My first introduction to

Dr. Dudley, whom I had never seen, was under most interesting circumstances. My young friend, the student from Virginia, then a resident pupil, proposed to escort me for the purpose of introduction to my future preceptor to his private residence. As we approached the residence, we observed two gentlemen standing at the threshold; one was tall, commanding, graceful, and peculiarly imposing in appearance, whilst the other, though less imposing, was well calculated to attract attention. They stood with grasped hands, and in apparently earnest conversation. The one was the immortal Henry Clay, the greatest living orator on earth, the illustrious statesman, the adored and beloved leader, the pride and glory of Kentucky. The other was Benjamin W. Dudley, the famous surgeon of the West. Mr. Clay was just then on the eve of leaving the house of his devoted personal and political friend and physician. In his black broadcloth suit, swallow-tail coat, unvarying white necktie, silk hat, clean-shaven face, dignified demeanor, gray hair, Dr. Dudley might have been taken for a well-ordered, respectable clergyman. His personal appearance was the beau-ideal of neatness and cleanliness. But neatness and cleanliness did not end at the personal limits. They were principles in the practice of his profession that he held sacred and never to be departed from. In habit he was ever prompt and punctual; in manner courteous, polite, dignified, and positive. In movement and gait he was quick and decided. When going to an operation or visiting a patient his movements were so rapid it was difficult for his assistants and students to keep pace with him. He was frugal and abstemious in all things, and an uncompromising advocate of cleanliness and the use of pure water both internally and externally. He was fitted by nature, taste, education, boldness tempered with caution, fearlessness, manual dexterity, and penetrating powers of observation, to be a great and successful surgeon. Morally and physically he had no knowledge of fear. He had a



character of extraordinary firmness and decision. He knew no such thing as vacillation, and nothing daunted him. Difficulties that might appal others, to him only served to develop renewed courage and confidence.

Observing the gentle and pleasant smile that ever played on his placid countenance, one might have been misled into the impression that there lurked within a mild and gentle nature. On the contrary, his temper was quick, hot, and severe; his will imperious, strong, and absolute. Yet, with all, he possessed a kindly, noble, generous, and humane heart, that was ever ready to do charity and befriend the friendless. Patients with stone in the bladder, or other serious disease, would come to him from great distances, poor and in distress, and he would operate upon and cure them and send them on their way with their board bills paid without costing them a cent, but kindly words, rejoicing and blessing his name.

Yet with all his generosity and charity, through a long life of eighty-five years he had acquired wealth. It was said that the largest fee that he had ever received for the operation of lithotomy was five thousand dollars.

Dr. Dudley, after graduating in Pennsylvania University, in 1804, spent four years in the schools and hospitals of Paris and London, where he had the advantages of the teachings of the greatest surgeons of the times—Baron Larrey, Sir Astley Cooper, and Abernethy. From the teaching of the latter he imbibed his ideas of the constitutional origin of local diseases, which became a fixed principle with him that he applied to surgical practice during life.

Sir Astley Cooper he regarded as the beau-ideal of a surgical operator, and ever after took him as a model. As an operator, for cool, deliberate, calm self-possession, unfaltering courage under difficulties, precision and dexterity in handling the knife, and for extraordinary foresight, Dr. Dudley was unsurpassed in his day. We must

remember that all of his operations were performed without the advantages of anæsthesia, and amidst the heart-rending screams of his patient. Yet he was never thrown off his balance, and would remark: "Let them scream; it is a relief of nature." And notwithstanding the acute agony and suffering of his patient during operation, he rarely had one die on the table. Few men possessed more acute and clearer powers of observation, more penetrating foresight, more accurate views of the practical side of all surgical questions, or who had profited more richly by his personal experience, than Dudley. In many great questions, now regarded as well established, he was a half-century ahead of the profession. In the use of sterilized water as a dressing for wounds he had an abiding faith, and used it to the exclusion of all other dressings. Not a drop of non-sterilized water was permitted to touch a wound. He believed that unboiled well- or spring-water contained poisonous materials, the nature of which, of course, was not well defined in his mind. He contended that the purest form of water, next to the boiled or distilled, was cistern, which was used exclusively for drinking purposes in his family and office. His use of boiled water in all wounds, except those healing by first intention, was profuse and abundant. When dressing the wounds of his patients that were inflamed, or in which there was tendency to erysipelas, or when the circulation was feeble, the granulating process slow, or there was tendency to sloughing, or where suppuration was excessive, I have, in his presence and under his orders, poured boiled water, reduced to a temperature of  $110^{\circ}$ , on a wound or local disease for an hour at one sitting. And this process, if necessary, was to be repeated every four hours. The inspiring, cool, self-possessed manner, but always dignified and manly, of this great surgeon in the operating-room gave confidence and cheerfulness to all present. I never saw him hesitate or falter in an operation. His perfect knowledge of anatomy, acquired in the



great schools of Europe, gave him absolute command of his subject.

Preliminary to and after operation he practised a system of asepsis and antisepsis consisting of absolute regard for cleanliness in every detail. All extraneous dressings that might generate morbid influences were rigidly discarded. No lint, no ointments were permitted, but boiled water was applied in the simplest manner possible. He was an ardent believer in the truth of autogenesis, and, as far as possible, removed by diet and medicine all effete and poisonous matters from the blood through the great emunctories of the system. The eminent success attained by Dudley during his long and distinguished career as a surgeon was by no means due alone to dexterity as an operator; but to his thorough preparation of his patient and by placing him in a perfectly aseptic state by measures of cleanliness. These were controlling and guiding principles in his practice that were never departed from. While in those times bacteriology was a science unknown, and sepsis and antisepsis were things unheard of, Dudley understood the principles of asepsis, and he knew that all dirt and filth contained the seeds of disease, and to place his patient beyond the pale of disease was to preserve him in an absolute state of cleanliness. And furthermore, believing that the accumulation of effete matters in the system by errors of diet and torpid excretion generated a poison not less dangerous, he used means to eliminate as far as possible all poisonous effete matters from the body before operation. The general health of the patient was to be restored as nearly as possible to a standard of perfection.

Previous to operation, except in cases of emergency, the state of the patient's constitution was rigidly inspected. The state of the digestion, the character of the secretions of the liver, the intestines, kidneys, and skin; also the state of the pulse, tongue, and temperature, must be satisfactory. Thus the condition and action of every organ



was carefully scrutinized, and, if not up to the desired standard, they were to be placed in that condition by a well-regulated system of diet and medicine.

If the digestion was deranged or impaired, the functions of the liver and intestines defective or torpid, small doses of ipecac and calomel were given daily until the secretions were restored to a healthy state. He would rarely operate on a patient with a heavily coated tongue or with deranged digestion or torpid liver. The state of digestion, the secretions of the alimentary canal, and the assimilative functions were restored by means of a glass of hot water before meals; a half-pint of skimmed milk, brown bread, and corn-meal gruel at meals, while undergoing preparation for operation. During this preparatory course the patient was deprived of all stimulants, as coffee, tea, tobacco, or alcohol; but, in the event of much debility, he was allowed beef or mutton at dinner only. Dr. Dudley contended that a majority of people consumed too much animal food, and the redundancy consumed either went to waste, or accumulated in the system in the form of effete matter and poisonous material, and was often the means of producing disease of the liver and kidneys. Under his system of diet and medication patients who came to him broken down by disease, with loss of appetite and digestion, would often improve with astonishing rapidity. His preparatory system preliminary to operation resembled that now very much in vogue, and practised so successfully in the treatment of chronic disease at the famous Carlsbad, in Germany.

In his cases, if the renal functions were working badly, or the urine was loaded with phosphates or urates, uric acid, or mucus, his favorite correctives and diuretics were an abundance of boiled cistern water, warm lemonade, and corn-meal gruel. When these deposits existed, or there were indications of cystitis previous to operation for stone, the daily and free use of these simple diuretics would flush the secretory apparatus of the kidneys.

copiously and clear up the urine, often in a surprising manner.

If the tongue, the alvine discharges, the complexion, the urine, indicated defective hepatic action and diminished biliary secretions, they were regulated by means of calomel and ipecac, corn-meal gruel well salted, and skimmed-milk diet.

Then, when the functions of the great vital organs had been restored to a healthy standard, the tongue made clean, the digestion good, the appetite keen, the pulse good, the patient was ready for the knife, and it was then applied promptly. And after his judgment was satisfied to operate and the operation was finished, we never thought of the possibility of unfavorable results, as suppurative fever, erysipelas, or gangrene. In surgical practice, Dudley had a great horror of the use of opium, and rarely used quinine. His materia medica was exceedingly simple, and was confined chiefly to the important eliminants.

Having described his preliminary management of his cases preparatory to operation, I will now proceed to describe his method of operating in special cases, his treatment of the patient after operation, and also his peculiar method of treating various surgical diseases. Lithotomy was his great and favorite operation. He never was in better trim or happier mood than when engaged in its performance. During his long life he performed the operation of lateral lithotomy two hundred and twenty-five times, with the loss of only three cases. Such unrivalled success, when published to the world by Prof. Petre, professor of chemistry in the Transylvania University, who had analyzed all of these stones, created in the profession of the Old World not only astonishment, but, on the part of many, incredulity until the facts were vouched for by other distinguished American surgeons. The only instruments used in performing these two hundred and twenty-



five operations were a scalpel, grooved staff, a Cline gorget, and forceps for grasping the stone and removing it. In his old mahogany case, manufactured in London and purchased there by him when a student, were scalpels, grooved staves, gorgets and forceps of different sizes, adapted to all ages from two years to old age. The old gorget of Cline, one of London's greatest surgeons in his day, few modern surgeons have seen. It is a curious instrument. It is made of a solid piece of fine steel, composed of a handle and blade all of steel without any extraneous material, and when dipped in hot water, which was always done, was really an aseptic instrument. The blade has a beak, a cutting edge, and back, the beak fitting in the groove of the staff. The steel handle is turned slightly to the right, which adapts it to the lateral operation.

After the patient had been conducted through the preparatory treatment and the general health restored, the digestion and appetite good, the secretions in proper condition, particularly the urine, the mental condition cheerful and hopeful, the general temperature and circulation normal, his entire body was carried through a thorough cleansing and renovating process by means of soap and water, in a warm bath. This cleansing process was something never to be neglected. In the operating-room he was laid on a table well covered with warm blankets, strapped in the lithotomy position, a grooved staff inserted in the bladder, and held by an assistant. Then the lateral incision was made by the scalpel down to the groove in the staff, the beak of the gorget inserted and rapidly plunged through the prostate into the bladder, giving vent to a sudden rush of urine; the finger of the left hand was then introduced into the bladder, and making a quick exploration, he introduced his forceps with the right, grasped the stone, and in an instant he had it in his left hand. He never enlarged the wound when too small, but dilated the opening in the prostate

while withdrawing the forceps with the stone in its grasp. After the operation the patient was placed on his left side for complete drainage, and only hot-water applications used on the wound.

In the centre of the floor of the old Medical Museum of the Transylvania University there stood a table with a glass case or cabinet containing all of these stones, labelled with the names of the patients, their ages, their residences, the date of operation and the results. All the patients I saw him operate on, varying in age from two to seventy-six years, recovered. Of the first hundred cases operated on by him, not a single death occurred.

His favorite day for performing important operations was Sunday, between 11 and 12 A.M., when most people were at church and quiet reigned in the streets. When he had decided to perform a great operation, in his brisk, quick, positive manner he would suddenly enter the office about 9 o'clock in the morning and say: "Young gentlemen, be ready to move to a certain house by the ringing of the last church bells." We always knew what this order meant, and all instruments and appliances were placed in readiness for his return, and just as the ringing of the last bells died away he would call at the door, and the little procession, consisting of himself, Prof. Bush, the demonstrator, Dr. Ethelbert L. Dudley, and his office pupils, would rapidly move to the scene of the operation, usually some hotel or boarding-house, and while the churches were resounding with the voices of praise a great operation was performed and a human life saved.

After all the complicated, tedious, and difficult methods of antisepsis practised for the past twenty years, the professional mind is just now beginning to revert to first principles and to adopt methods of simple, pure, unadulterated cleanliness as at least the best security against sepsis. Dudley was familiar with this fact seventy years



ago, and applied it in his daily practice. He was rarely more happy, even in the performance of his pet operation, than when drenching the wounds of his patients with boiled water, and it was with exquisite satisfaction that he watched the results on the circulation and the healing process.

Dudley approached nearer to perfection in the application of the bandage, and in its adaptation to the treatment of disease, than any other surgeon. The skill, the dexterity, the rapidity, the smoothness, the evenness of adaptation, every muscle being thoroughly compressed and controlled, while not a superficial artery was obstructed, was something to be truly admired. His guiding principle in its application was lightness, smoothness, and evenness over all parts where the main arteries were superficial, as the ankle, wrist, knee; but over the muscular portions of the limb to draw it as firmly as possible. The test was the detection of the pulsation of the superficial arteries through the bandage. He treated all gunshot wounds of the limbs by means of the compress and bandage with the purpose of healing them by first intention. The wound having been thoroughly cleansed with boiled water, a bandage was applied to the limb from the extremity up to the wound, then a compress dipped in boiling water was applied, generally an inch thick, over the tract of the wound; the bandage then was firmly applied over this compress, so as to compress together the walls of the wound, bring them into exact coaptation, and maintain them there until healed by first intention; and it was rarely that he failed in five or six days to accomplish the object. In those times the treatment of tetanus was universally by means of opium. We all know how signally this treatment failed to cure or alleviate the disease. Dudley took a new departure in its treatment. Relying upon the relaxing effect of tartar emetic upon the muscular, and its sedative action on the nervous, systems, he determined to test its action in the

treatment of tetanus. His peculiar method of using it in the treatment of this disease was to administer the drug in doses just sufficient to maintain the patient at the point of nausea, and to increase the quantity in proportion to the toleration of the patient without causing actual emesis, until all symptoms subsided. It was a severe and trying ordeal for the patient to be kept in a state of incessant nausea day and night for a period of five or six days. But he was often rewarded for his trials and sufferings by relief. During my pupilage I visited for him two cases of tetanus three times daily while under this treatment, and though both cases were well established, they recovered.

This treatment was maintained without relaxation day and night by faithful nurses to the end. Both of these cases were of the traumatic variety, and occurred in strong, robust men, from injury of the hand. He began treatment by giving an eighth of a grain every two hours, gradually increased until decided nausea resulted, and then the doses were either increased or diminished according to the indications of the case.

Dudley's method of treating stricture of the urethra was peculiar and entirely without instruments. After the first exploration with the sound to measure the extent, number, and character of the stricture, all instruments were laid aside. In his early professional life he had an unusually intractable and extensive case of stricture. This patient was attacked with typhoid fever of a very protracted character. After a confinement to the bed of three months, and having reached a degree of extreme emaciation, it was found that the patient could urinate without difficulty, when an exploration revealed the entire absorption of the stricture and its permanent cure. Subsequently he treated all his cases of stricture by absorption through reduction of the system by means of low diet and cathartic medicine to a point of emacia-



tion to which I should hesitate to hazard the life of my patients.

In practice we probably meet with two or three varieties of stricture: one, the old fibrous or cartilaginous form, consisting of an interstitial deposit of fibrous tissue having but little vascularity. This variety would be but little amenable to such treatment. The other forms are the congestive and inflammatory. These varieties of stricture we might well suppose would be affected by treatment such as would act on the nutritive and circulatory functions. And such was really the case in Dr. Dudley's practice, as I observed while attending his patients. Yet I confess that I would not like to take my patients through such a course of disease to cure stricture. But there can be no question that by this method Dudley cured a very considerable proportion of his cases, as his practice in this disease was large.

Except skimmed milk, the patient during this reducing process was denied all animal food and placed on brown bread and corn-meal gruel, while mercurial cathartics were used two or three times a week. This course was often maintained for weeks and months until the object was attained. Active exercise was also enjoined in the open air, and it was astonishing to observe what an amount of exercise those patients were capable of enduring.

In connection with this subject, I will say here that in my treatment of stricture the past twenty years, I have found in my own practice a combination method of treating stricture, consisting of a rigid system of diet, medicine, and mechanical dilatation, an improvement on either of the old methods. As Dudley taught, much animal food is deleterious to stricture. The only animal food allowed by me now in stricture under treatment is skimmed milk, and in addition brown bread and corn-meal mush or gruel. When the urine presents an acid reaction, I give the patient continuously the liquor

potassii citratis. When of an alkaline reaction, benzoic acid or diuretin. Then a systematic dilatation is practised by means of French olive-pointed bougies.

We have heard much in recent years of the surgery of traumatic epilepsy. Dudley, in this branch of surgery, was probably in this country the pioneer. He performed a number of operations on the cranium for the relief of epilepsy, more than sixty years ago. There were in all five cases operated on—three with perfect success, the others with partial relief. In the Transylvania Medical Museum could be found the circular portions of bone taken from the skulls of all these patients, with spiculæ of bone attached to the inner table from a half-inch to an inch in length, which had been removed with the trephine and was imbedded in the brain.

In the treatment of spinal curvatures and hip-joint diseases, Dudley discarded the use of all mechanical apparatus *in toto*, as being cumbersome and useless. He believed that the very beginning, the fountain-head of these affections, was located in imperfect digestion and mal-assimilation, and the imperfect formation of blood, and that the system failed to receive the nutriment necessary to sustain its reparative processes against local injuries; and furthermore, that if the blood was properly renovated and all mechanical pressure removed, the system would right itself and the local disease disappear. The patient was placed and maintained in absolute recumbency on a firm mattress during the entire treatment, and not permitted to assume the erect posture, but allowed to roll over his bed at will, and was amused in every possible way. The state of the digestive organs and general health received constant attention. The diet consisted of fresh meat once a day, skimmed milk, brown bread, corn-meal gruel three times a day. Under this regimen the digestion of these little patients would be restored, the appetite would become sharp, the secretions active, the complexion would lose its pallor and become rosy,



the mind playful and cheerful, and the local affection steadily progress toward restoration. Another feature of his treatment of these cases was daily massage practised over the entire body and limbs by means of towels saturated in salt water and dried. This practice gave a stimulus to the circulatory system that invigorated the general nutrition in a surprising degree. I visited daily five cases—two of hip-joint disease, three of spinal curvature—in children treated by him in this manner, and all made permanent recoveries. As mentioned in a previous page, Dr. Dudley believed that a great majority of local affections are the result of constitutional causes. In none were his peculiar views in this respect more clearly illustrated than in his treatment of erysipelas, traumatic and idiopathic. He believed that erysipelas was a localization of poisonous effete materials accumulating in the blood from defective assimilation and secretion. Acting upon these principles, his treatment consisted in eliminating these effete materials from the system through the great emunctories—the liver, intestines, kidneys, and skin—and the restoration of the blood by digestible diet. By means of calomel and ipecac the secretions of the liver and intestines were thoroughly regulated. The functions of the kidneys were kept in constant action by means of fresh citric acid and the skin by warm baths, while boiled water alone was applied every two or three hours to the local affection. I have seen repeatedly in his and my own practice aggravated cases of this disease recover rapidly under this treatment.

The method of treating fungus cerebri by Dr. Dudley was an exceedingly interesting and successful one. Over the protruding fungus, in injuries of the skull, a piece of soft linen was spread, and over this a soft, dry, compressed surgeon's sponge was bound with a bandage sufficiently firm to maintain it in position and not to force the fungus within the skull. This sponge gradually absorbed the secretions escaping from the

interior of the cranium and as gradually expanded, and acting as a graduated compress slowly and equally forced the growth back within the opening and kept it there until the wound healed. Following this method, no symptoms of cerebral compression ever resulted from this practice. In a case of my own, of extensive fracture of the frontal bones and loss of a larger portion of these bones with extensive injury and loss of the frontal lobes in the progress of the case, a large fungus sprang from the brain and was treated by this method with the most satisfactory results.

In regard to Dr. Dudley's judicious and practical discrimination between pure and impure water, so little considered in those times, and his knowledge of the fact that water constituted the principal carrier of morbid germs, he did not hold it merely as a theory but applied it in practice systematically.

For the purpose of carrying out this theory practically, he used for drinking purposes in his entire family, including office students and servants, a very pure and delicious cistern water exclusively. None other was permitted to enter his household. Connected with this fact, a very interesting incident occurred worthy of being recorded here, especially at this time. In the year 1832, Asiatic cholera of a most malignant type prevailed in Lexington, carrying off nearly a thousand victims in a population of eight thousand inhabitants. There were only two cisterns in the city, that of Dr. Dudley and his friend Dr. Bush. Not a single case occurred in either the family of himself or Prof. Bush, while the disease visited every other family in the city.

For many years the sole treatment of acute peritonitis was by means of opium and calomel. In all surgical diseases, and especially in this, Dudley entertained an insuperable objection to opium. It will sound strange in the ears of modern surgeons to learn that Dudley treated peritonitis more than a half-century ago by means of

cathartics alone—the present method of treating this disease.

His idea in rejecting the use of opium in the treatment of peritonitis and other surgical diseases was based upon rational grounds and principles. He believed that the effect of opium was to arrest all elimination and lock up in the system poisonous materials that, if retained, would surely cause fatal inflammation. Acting on this principle, he not only purged his patients when threatened or suffering with acute peritonitis, but he purged boldly and fearlessly. This afforded another instance for the practice of his favorite theory—the constitutional treatment of local diseases.

Dudley's method of treating hydrocele differed widely from the operation practised then by injection. With one sweep of the knife he laid the entire sac open, exposing the testicle, after washing the scrotum thoroughly. The open sac was then washed with boiled water, and a tent of linen cloth inserted into the cavity, three or four inches long and one inch in width, which was permitted to remain for a period of three days in the sac, when active adhesive inflammation would be developed in the vaginal tunic, and the sac would become permanently obliterated from adhesion of its walls. Accompanying this adhesive inflammation, very considerable swelling and œdema of the scrotum would arise. This was treated successfully by means of repeated hot-water douches to the inflamed organs.

In my own operations for hydrocele I have followed closely the method of Dudley in laying open the scrotum and vaginal tunic, evacuating the fluid, washing out the sac with boiled water; but for some years past, previous to inserting the linen tent, have swabbed out the sac thoroughly with carbolic acid, and then introduced the tent, which was permitted to remain for three days and then removed, when I have invariably found that adhesion had taken place, and the sac was completely obliterated.



Much is being said at present in regard to the radical treatment of hernia of long standing, and as Dr. Dudley's method of treating this disease differed materially from those in common resorted to, I deem it worthy of mention here, because of the high degree of success resulting from his operations in effecting permanent cure. After the hernial protrusion had been exposed by incision, the hernial sac opened, and the hernia reduced, the sac was permitted to remain, the wound was thoroughly washed with boiled water, and then charpie or lint, saturated with boiled water, was packed in the wound and secured by means of compress and bandage, and removed every day after a thorough douching with hot water. This process was continued from day to day until the wound was perfectly healed or filled up by the growth of granulation. The sac and abdominal ring were so thoroughly closed by this procedure as to render all future hernial protrusion impossible.

In evidence of the great ability of this remarkable man, of his vigorous common-sense views, and his practical management of all surgical questions and methods, and of his great success, I might add much more, but I feel sure that sufficient has been said in vindication of his great name, of his immortal work, and of his cherished memory, to enable those of the present generation to realize the fact that in our profession in the past generations there were gigantic intellects, men whose fame was as widespread and whose skill with the lights before them was equal to the most brilliant lights of the present day.









